## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000086507**1. Corporation Name

| HAIR AND NAIL ISLAND, e of Business  | Mailing Address 779 DUQUE RD LUTZ FL 33549                                 |   |  |   |  |   |  |
|--|--|---|--|---|--|---|--|
|  |  |   | 3.   | Date Incorporated or Qualifed   |  |   |  |
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| lace of Business   | Fi *   |   | 4.   | · · · · · · · · · · · · · · · · · · ·   |  | <u> </u>  | plied For<br>of Applicable   |
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| #, etc.  | 27   |   | 5  | Certificate of Status Desired   |  |   | equired  |
| le   | City & State   |   |  |   | 2074 <b>2</b>  |   | May Be   |
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| ONG, LANG P  | •  |   |  | P.O. Box Number is Not Accent   | table)   |   | <del></del>  |
| 779 DUQUE RD   |  |   | or vocatess (  | Carlo |  |   | -8-7, 24 70F-  |
| Z FL 33549   |  | 83  |  |   | 的经济等   | 5 fee 5 7   |  |
|  |  | 84 City   |  |   |  | 85 Zip  | Code "   |
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| ım tarrıllar willi, and accept the obi   | ligations of, Section 607.0505, Fl   | orida Statutes.   |  | ,   |  |   |  |
| Signature, typed or printed name of registered   | agent and title if applicable. (NOT  | E: Registered Agent signatu   |  | reinstating)  | DATE   |   |  |
| Signature, typed or printed name of registered OFFICERS  | agent and title if applicable. (NOT  AND DIRECTORS                         | E: Registered Agent signatu   |  | reinstating); ADDITIONS/CHANGES TO O  | DATE<br>FFICERS AND  | DIRECTO   | DRS IN 12  |
| Signature, typed or printed name of registered OFFICERS  | agent and title if applicable. (NOT  | E: Registered Agent signatu<br>13.  |  | reinstating)  | DATE<br>FFICERS AND  |   | DRS IN 12  |
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|  | Country  25  9. Name and Address of Cur  ONG, LANG P  DUQUE RD  Z FL 33549 | 779 DUQUE RD LUTZ FL 33549  Place of Business  2a. Mailing Address 26  #, etc.  Suite, Apt. #, etc.  27  te City & State 28  Country Zip 29  9. Name and Address of Current Registered Agent  DNG, LANG P DUQUE RD Z FL 33549  Lto the provisions of Sections 607.0502 and 607.1508, Florida Status registered agent or both in the State of Florida, Such change was | 779 DUOUE RD LUTZ FL 33549  Place of Business  2a. Mailing Address 26  #, etc.  Suite, Apt. #, etc.  27  te  City & State 28  Country  Zip  Country  29  9. Name and Address of Current Registered Agent  DNG, LANG P DUQUE RD Z FL 33549  81 Nam  82 Stre  83  84 City  to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-name registered agent or both in the State of Florida Such change was authorized by the oc | 779 DUQUE RD LUTZ FL 33549  3.  Place of Business  2a. Mailing Address 26  #, etc.  Suite, Apt. #, etc.  5.  City & State 28  Country Zip Country Zip Country 29 30  9. Name and Address of Current Registered Agent  NORG, LANG P DUQUE RD Z FL 33549  10.  81 Name 82 Street Address (Inc. 83 Street Address (Inc. 84 City  15.  16.  179 DUQUE RD R  | Mailing Address 779 DUQUE RD LUTZ FL 33549  DO NOT WR 3. Date incorporated or Qualifed 10/14/1996  lace of Business  2a. Mailing Address 26  Suite, Apt. #, etc.  5. Certificate of Status Desired  4. FEI Number 59-34 13080  #, etc.  City & State 28  City & State 28  Country 25  29  Name and Address of Current Registered Agent  10. Name and Address of New  DNG, LANG P DUQUE RD Z FL 33549  81  Name  82  Street Address (P.O. Box Number is Not Accept  83  84  City  Lot to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation su | Mailing Address 779 DUOUE RD LUTZ FL 33549  DO NOT WRITE IN THIS SI  3. Date Incorporated or Qualifed 10/14/1996  4. FEI Number 26  Suite, Apt. #, etc.  City & State 28  Country Zip Country Zip Country Zip Country And Address of Current Registered Agent  9. Name and Address of Current Registered Agent  Name  NAME  Street Address (P.O. Box Number is Not Acceptable)  81  Name  Street Address (P.O. Box Number is Not Acceptable)  82  Street Address (P.O. Box Number is Not Acceptable)  83  Activy  FL  to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chromical statutes and accept or both in the State of Florida Stuch change was authorized by the corporation's board of directors. I hereby accept the appointment of the provisions of Sections 1 hereby accept the appointment of the provisions of directors. I hereby accept the appointment of the provisions of directors. I hereby accept the appointment of the provisions of directors. 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I hereby accept the appointment of the provisions of the provision of the provision of the provision of the provision | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 10/14/1996  10/14 |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Feb 17, 1999 8:00am

**Secretary of State** 

02-17-1999 90088 025 \*\*\*150.00